



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Sustainability – Not Just a Buzz Word

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CENTER for INTEGRATED
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Speakers



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Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

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What We Hope You Get Out of Today's Webinar

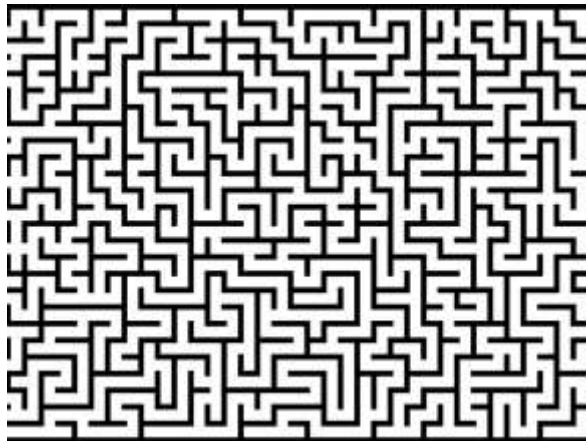
- **Identify tools to use for sustainability planning**
- **Learn about grantee approaches to sustainability**
- **Engage in peer-to-peer discussion on sustainability**

Sustainability Starts on Day One



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Sustainability



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Lessons Learned – Primary Care

- Assess staffing models (e.g. nurse practitioner vs MD)
- Case-to-care training to address simple health questions
- Collected payment information for everyone we served during our first year
- Explore option to become FQHC
- Determine the break-even point for primary care
- Discuss the long-term sustainability of primary care services with FQHC partner in the first two years of the grant.

"We had partnered with an FQHC all along and at the end, decided to go on our own...because we weren't really integrated. They did things their way. If I could have done this over again, two years into the grant, I would have taken it over ourselves, then we would have had the grant supporting us while we were learning all the things we are learning now."

-Cohort 3 Project Director



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Lessons Learned – Care Coordination

- Participate in state-level integration workgroups
- Bring data to each conversation with stakeholders
- Work with other providers to develop case rates for care coordination demonstrations with managed care
- Pursue alternate funding during the grant
- Collect data about reducing the use of more expensive services to support the cost savings of care coordination
- Be proactive in billing for care coordination

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Lessons Learned – Wellness Promotion

- Create a three-day wellness training program for all behavioral health staff
- Continue tracking health indicators even if no primary care services
- Track health outcomes to monitor the success of wellness programs
- Analyze cost savings associated with health coaching
- Build a registry outside of our electronic health records (EHR) as quickly as possible to track health improvement
- Hire billable staff to lead wellness groups
- staff after the grant.
- Work to create a culture of wellness with all staff at the beginning of the grant

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Lessons Learned – Peer Support

- Train staff about the importance of peer participation in team-based care
- Pursue training for peer staff to enable them to lead wellness classes
- Give peers meaningful work
- Ensure peers feel like valued member of care team
- Provide adequate supervision and training to peer support staff

“ I don’t think people recognize the value of peers in the way that the will.”

-Cohort 3 Project Director

Berks Counseling Center, Cohort VIII Behavioral Health and Wellness



- Comprehensive physical health screening
- Integrated patient and staff wellness
- Patient access to on-site primary healthcare
- Close collaboration with community and specialty care providers



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Sustainability..... Primary Care

Committed relationship with our primary care partner

Use of CRNPs/PAs as prescribers

Setting up a medical practice and navigating the world of medical billing

- 2.5 year journey
- Culture change and learning curve with our PCP support
- Credentialing medical providers
- Coding and finding the right EHR
- Developing new relationships with MCOs; being “at the table”



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Sustainability..... Universal Screening and Wellness Initiatives

Collaborative partnerships with MCOs
 BCC's going forward as a Certified Community
 Behavioral Health Center
 Utilization of evidence based
 screening tools



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Other Sustainability Topics.....

- Sustaining your staff – “the integrated care team”
- Sustaining your vision, mission and culture
- Alternative billing arrangements
- Funding support from insurance, MCOs, SCAs etc.
- Having the outcome data to make your case
 - Commitment to data and IT
 - Assuring your EHR can do the job
- Keeping options open



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The Institute for Family Health, Cohort VIII



Behavioral Health Sustainability A Deep Dive

Virna Little, PsyD, LCSW-r, SAP, CCM



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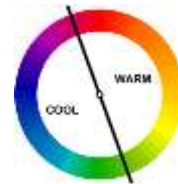
Sustainability Plan Review

Front End
Back End
Costs
Expenses
Billing, Coding
Contracting
Dashboard
IF its not billable.....



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Warm Handoffs



To bill or not to bill.....
Workflows that support billing (empty slots, handoffs for billable payers)
What do I code if I do bill ?
How do I measure abstract revenue for doing hand-offs?
What is an effective hand-off ?
Who to use for hand offs (non billable)



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Behavioral Health Codes-Optimal

Behavioral health providers are licensed providers to treat mental illness....

Per CFR Title 42, Part 410.73(b)(1) the services of a clinical social worker are limited to the diagnosis and treatment of mental illness.



Some Asked About...

HBAI Codes 96150 series
Prevention Codes 99401 series

These are not optimal.....

Payment
Services provided
Optimizing/top of scope
Prenatal



No Mental Health Diagnosis..F54

Applicable To Psychological factors affecting physical conditions

Approximate Synonyms Psychogenic skin disease

Psychological factor in medical disorder

Psychological factors affecting medical condition

Psychosomatic factor in physical condition

Skin disease, psychogenic

Code First the associated physical disorder, such as:

asthma ([J45.-](#))

dermatitis ([L23-L25](#))

gastric ulcer ([K25.-](#))

mucous colitis ([K58.-](#))

ulcerative colitis ([K51.-](#))

urticaria ([L50.-](#))

Type 2 Excludes tension-type headache



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Screening Codes

96127 PHQ9, PHQ2

96110 MCHAT, Vanderbilt

Substance Abuse (H0049)

Code for tracking and billing

Coding helps paint the picture



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What is a

A 90839 !

May not need authorization

Discontinue 60 minute visits that are not a crisis

Helps with VBP

Again, helps to paint the picture !



Aurora Mental Health Center Cohort V



Margie Kaems



Chambers Hope, Health, & Wellness Clinic

- Cohort V
- Staff
 - AuMHC:
 - Behavioral Health Provider
 - Care Coordinator
 - Peer Specialist
 - Health Navigator
 - Project Manager
 - MCPN, FQHC:
 - Nurse Practitioner
 - 2 Medical Assistants
 - Phlebotomist
- Programming during project and continued
 - On-site Fitness Center with personal trainer
 - STRIDE weight-loss group
 - Chronic Pain Management group
 - Cooking Classes
 - Gift card incentives



Billing for services

- AuMHC and FQHC partner both bill separately for services.
- Medicaid capitation in Colorado
 - Able to count BH screenings, BH assessments, BH brief interventions, CM, etc.
- The majority of patients are insured due to Medicaid expansion. FQHC partner needs 75% of patients to be insured for their sustainability.



Cost Savings Data

- All Payer Claims Database
- Healthcare costs compared pre and post enrollment in program. Those who participated 6 months or longer saved more.
 - \$194 saved per person per month
 - \$650 saved per person per month for those who accessed ER



Current Funding

- Colorado Dept. of Health & Environment
 - Cancer, Cardiovascular, Pulmonary Disease (CCPD)
 - Hypertension-focused project
- Medicaid Capitation, ACO funds, small amount from 3rd party insurance.
- Continued with all staff, except transitioning from peer to nurse care manager
 - Staff partially funded by new grant
- Continuing with all programming
 - Gift cards and cooking classes made possible by new grant



Case Study

We are taking a very unique approach, in which our integrated care nurses support both psychiatry and primary care. We have nurses doing mental health long-term injections on one side of the spectrum, and the same nurses assisting Paps, doing triage, phlebotomy, etc on the other side of the spectrum. Our FQHC is billing on the healthcare side, so a lot of what our RNs do is not currently billable.



Questions

- How do CMHCs bill for primary care services?
- What are the key areas of success of peer involvement?



Audience Discussion

1. How is your organization working with state agencies to support behavioral health and primary care integration?
2. What state initiatives are needed to support integration?
3. What state level partners are you working with to support integration?



Resources

- [Sustainability Check List](#) Organizational self assessment tool that helps establish goals for sustainability.
- [Sustaining Integrated Care – Lessons Learned](#) An Issue Brief that outlines key strategies for integration.
- [Lessons Learned from Integration Pioneers Footing the bill for Integrated Care](#) eSolutions guide and case study on sustaining integrated care.
- [The Business Case for the Integration of Behavioral Health and Primary Care](#) Identify key talking points needed to help make the business case for integrated care.



Questions/Discussion



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We Can Help!

- Extensive resources on sustainability, integrated care models, evidence-based programs, financing, health and wellness, operations, and workforce
- integration@thenationalcouncil.org or 202-684-7457
- <http://www.integration.samhsa.gov/>

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